SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full) HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee			Date	
Diners Club			M M / D D / Y Y Y	
Mailing Address			1,0 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
P O Box 6935			Amount	
City	State	Zip Code	97.50	
The Lalces	NV	88901		
Purpose of Expenditure			Office Sought: V House Out MI	
Transportation, lodging		Category/ Type	State:	
, , , , , , , , , , , , , , , , , , , ,			House Senate District: 09	
Name of Federal Candidate Supported or Opposed bary Peters	by Expenditure:	:		
			Check One: X Support Oppose	
Calendar Year-To-Date Per Election			Disbursement For: Primary X General 2008	
for Office Sought		4750.11	Other (specify)	
Full Name (Last, First, Middle Initial) of Payee			Date	
Diners Club				
Matter Address			1 0 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address P O Box 6935			Amount	
	0	7: 0 1	97.50	
City The Lalces	State NV	Zip Code 88901		
	1 N V	1	05.00	
Purpose of Expenditure Transportation, lodging		Category/	Office Sought: X House State: MI	
, , , , , , , , , , , , , , , , , , , ,		Туре	House Senate District: 09	
Name of Federal Candidate Supported or Opposed by Joseph K Knollenberg	y Expenditure:	:	President	
Joseph K Kholienberg			Check One: Support X Oppose	
Calendar Year-To-Date Per Election			Disbursement For: Primary X General 2008	
for Office Sought		7013.21	Other (specify)	
Full Name (Last, First, Middle Initial) of Payee				
Share Group			Date	
·				
Mailing Address 4411 S 40th Street			Amount	
Suite D-6			545.40	
City Phoenix	State AZ	Zip Code 85040		
	AZ	00040		
Purpose of Expenditure		Category/	Office Sought: X House State: MI	
Telemarketing		Туре	House Senate District: 09	
Name of Federal Candidate Supported or Opposed b	y Expenditure	:	President	
Gary Peters			Check One: X Support Oppose	
Calendar Year-To-Date Per Election			Disbursement For: Primary X General	
for Office Sought		4750.11	2008 Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures				
(b) SUBTOTALof Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures				
(carry total from last page forward to Line	7)			